

Medicaid Transformation Project

ACH P4P Project Incentives

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■ VIDEO SERIES

1. MTP accountability (presented by HCA)
- 2. ACH Project incentives (GTG, IOS, AV calculations)
(presented by IA)**
3. ACH QIS methodology and high-performance pool achievement (presented by IA)
4. Statewide accountability and VBP P4P (presented by HCA)

■ GLOSSARY

Acronym	Term
ACH	Accountable Communities of Health
AV	Achievement Value
DY	Demonstration Year
IA	Independent assessor
MTP	Medicaid Transformation Project
P4P	Pay-for-Performance
P4R	Pay-for-Reporting



■ P4P PROJECT ACHIEVEMENT

Metric	Earned AV	Possible AV
Acute hospital utilization	0.75	1.00
All cause emergency department (ED) visits per 1000 member months	0.75	1.00
Children's and adolescents' access to primary care practitioners	1.00	1.00
Comprehensive diabetes care: eye exam (retinal) performed	0.50	1.00
Comprehensive diabetes care: hemoglobin A1c testing	1.00	1.00
Comprehensive diabetes care: medical attention for nephropathy	0.75	1.00
Medication management for people with asthma	1.00	1.00
Statin therapy for patients with cardiovascular disease	1.00	1.00
Total achievement value (TAV)	6.75	8.00
Percentage achievement value (PAV)	$(6.75 / 8.0) = 84\%$	100%

■ METRIC PERFORMANCE NOTES

- Rounding
 - Performance determination – No rounding will occur in any step of the calculation
 - Reporting – Rounding in visualization products may occur for readability
- Low counts
 - Performance determination – No exclusion for low counts will be used as metrics were chosen with the criteria that low count risk is minimized
 - Reporting – Suppression requirements will determine if low counts are displayed in visualization products

■ PROJECT P4P METRICS

- Appendix G: DSRIP quality and outcome metrics
- The following table defines the metrics used to determine performance and accountability for the DSRIP Program.

Table 49. DSRIP quality and outcome metrics

Name of metric	NQF#	Measure steward	Statewide accountability metric (quality component)	ACH project P4P metrics for project incentives, by year			Associated Toolkit projects	ACH high-performance metric
				DY 3 (2019)	DY 4 (2020)	DY 5 (2021)		
Acute hospital utilization	N/A	NCQA (HEDIS)	N	Inactive	P4P	P4P	2.a, 2.b, 2.c, 3.a, 3.d	N
All cause emergency department visits per 1000 member months	N/A	WA DSHS-RDA	Y	P4P	P4P	P4P	2.a, 2.b, 2.c, 2.d, 3.a, 3.b, 3.c, 3.d	Y

■ PROJECT P4P METRICS

- Appendix H: ACH project P4P improvement target and AV methodology
- The purpose of this table is to outline the methodology used to set improvement targets for the associated performance year.

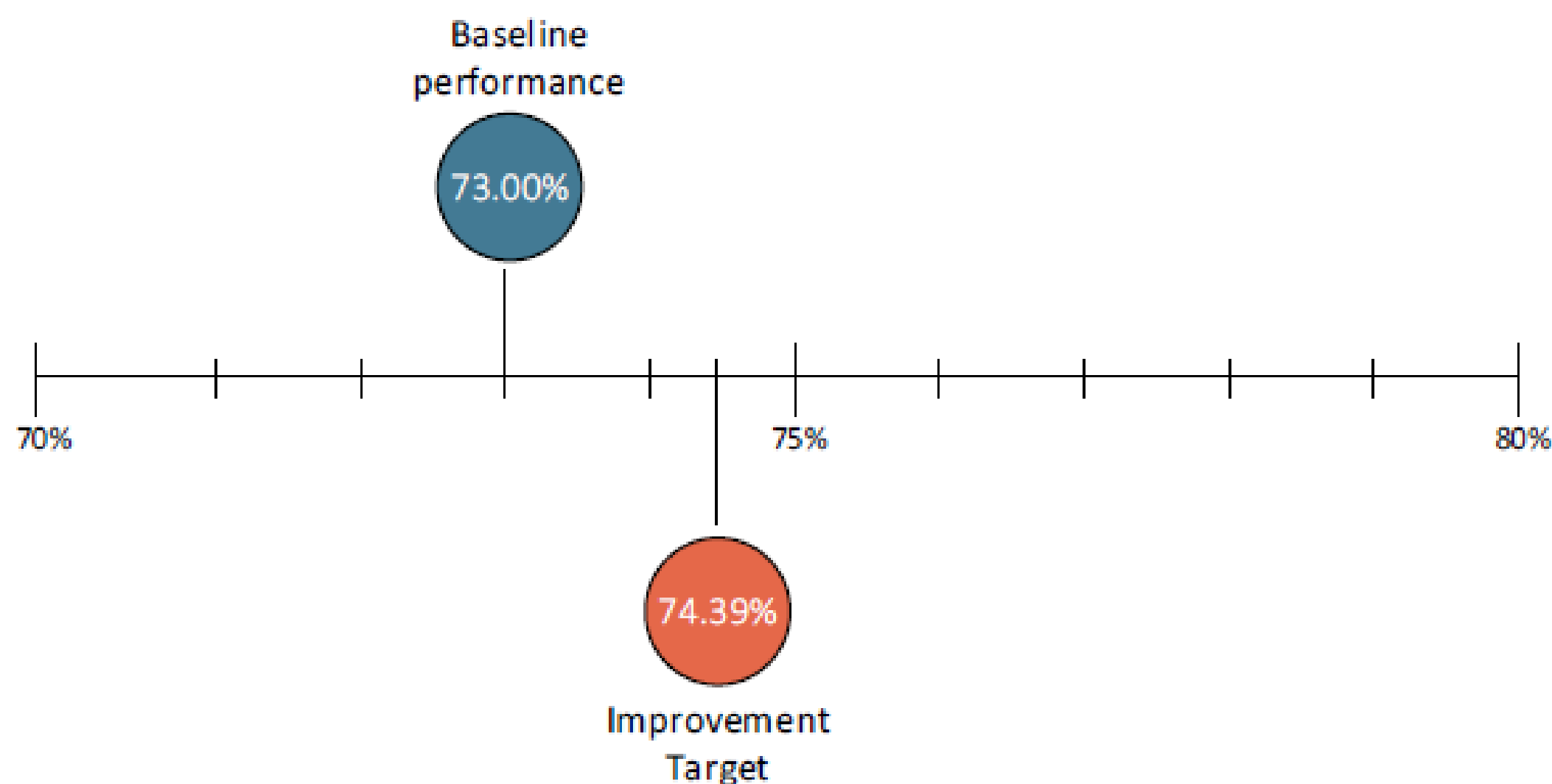
Table 50. ACH project P4P metric improvement target and AV methodology

Name of metric	NQF#	ACH P4P improvement target methodology					ACH P4P AV methodology	
		Method (gap to goal, improvement over self)	Absolute benchmark value (gap to goal only)				Metric/submetric results used to determine AV	AV determination
			2018 (for DY 4 performance)		2017 (for DY 3 performance)			
			Source	Benchmark	Source	Benchmark		
Acute hospital utilization	N/A	Improvement over self	N/A	N/A	N/A	N/A	Single metric result (18+ years)	Single metric result
All cause emergency department visits per 1000 member months	N/A	Improvement over self	N/A	N/A	N/A	N/A	<ul style="list-style-type: none">• 0 – 17 years• 18 – 64 years• Age 65+	Weighted average of performance for each submetric is used to calculate overall AV; determined by number of Medicaid beneficiaries the ACH has in each submetric.

■ METRIC PERFORMANCE METHODS

- Improvement over self (IOS)

Figure 22. Example: Improvement target set using IOS - improvement target



Percentage Point Change

$$\begin{aligned}
 &= \text{Baseline} * 1.9\% \\
 &= 73.00 * 1.9\% = \mathbf{1.39\%}
 \end{aligned}$$

Improvement Target

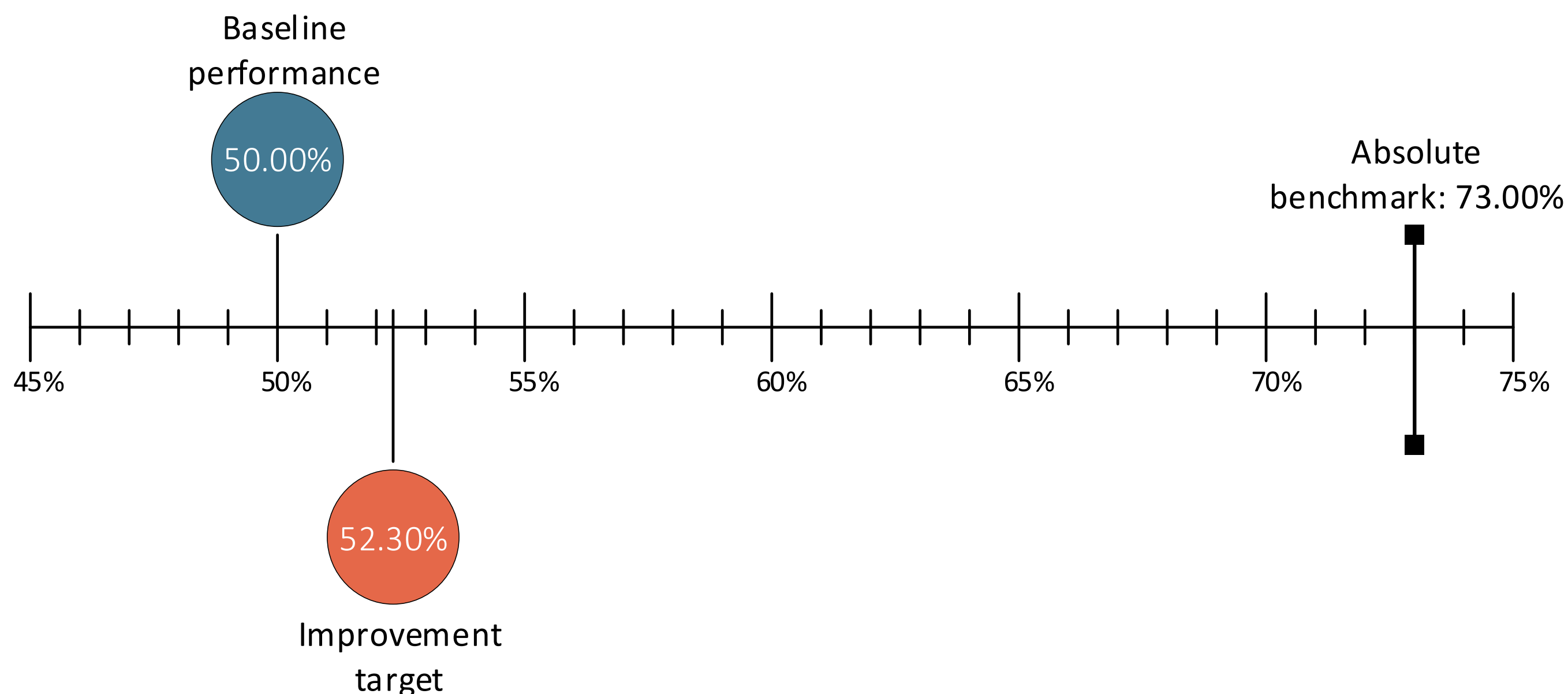
$$\begin{aligned}
 &= \text{Baseline} + \text{Percent Change} \\
 &= 73.00 + 1.93 = \mathbf{74.93\%}
 \end{aligned}$$

Note: Subtract the Percent Change from Baseline if a lower result is better for the measure.



■ METRIC PERFORMANCE METHODS

- Gap to goal (GTG)



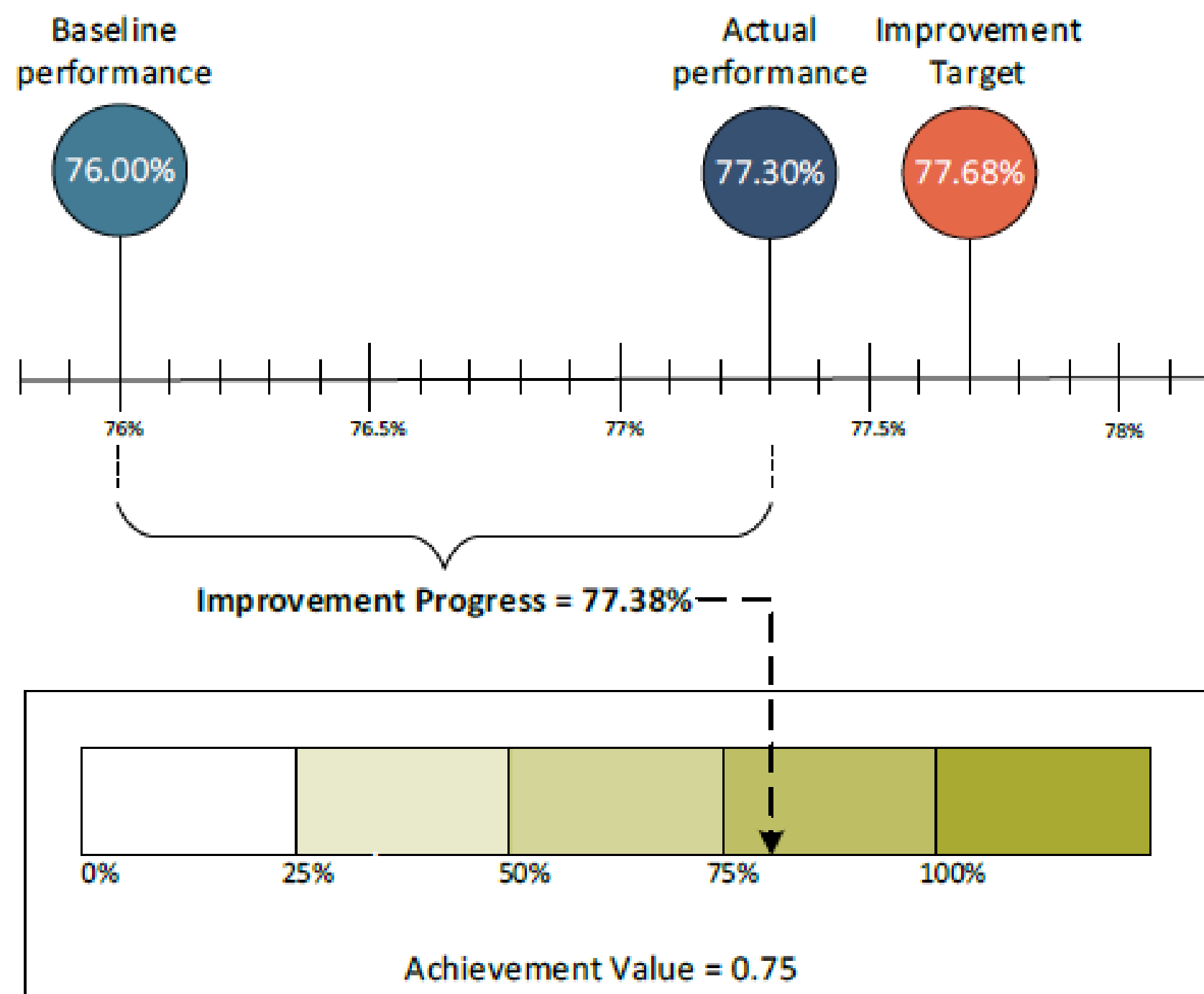
Gap = Benchmark – Baseline
= 73.00 – 50.00 = **23.00%**

Gap Reduction
= Gap * 10%
= 23.00 * 10% = **2.30%**

Improvement Target
= Baseline + Gap Reduction
= 50.00 + 2.30 = **52.30%**



■ AV DETERMINATION – SINGLE METRIC

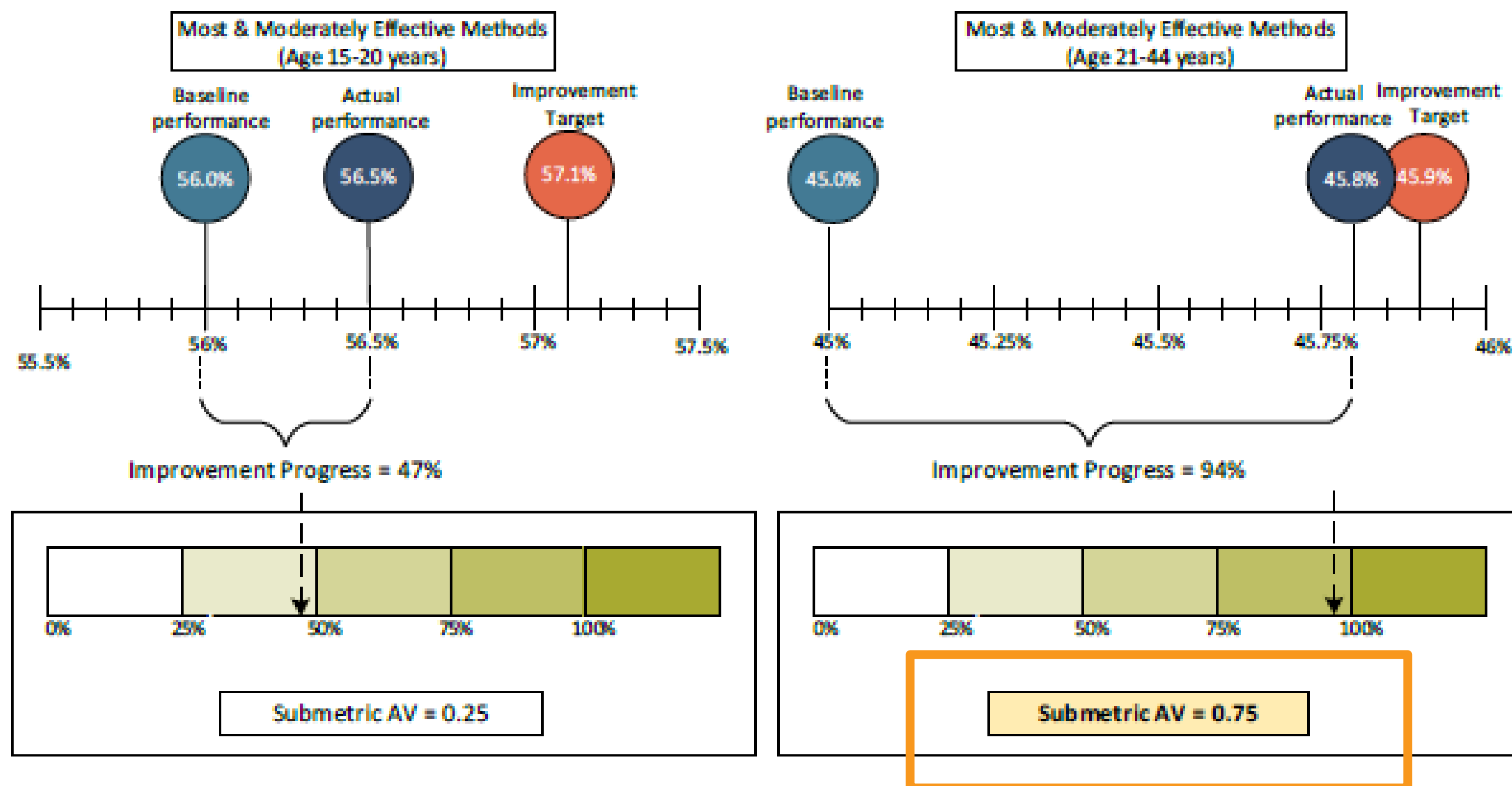


Improvement Progress

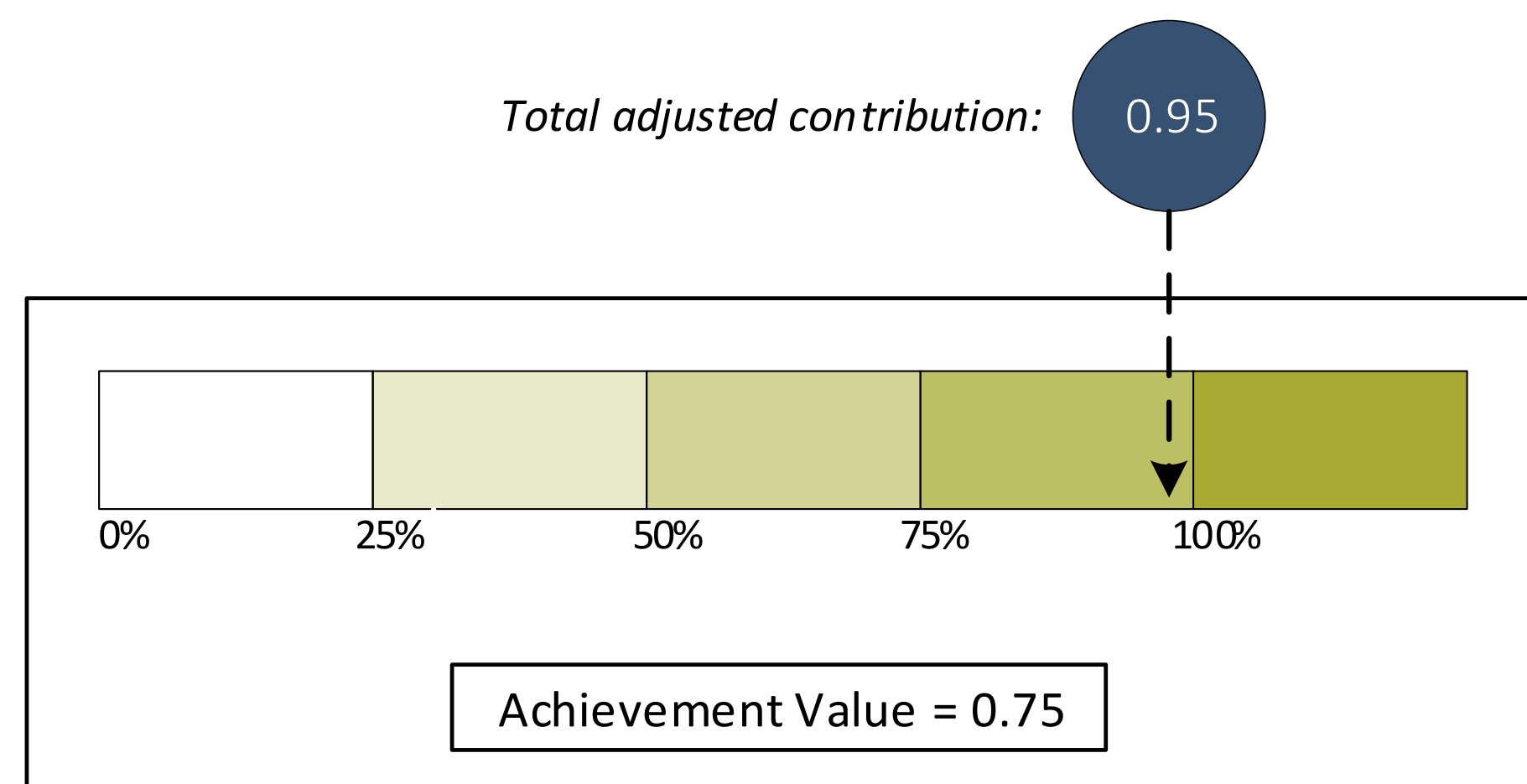
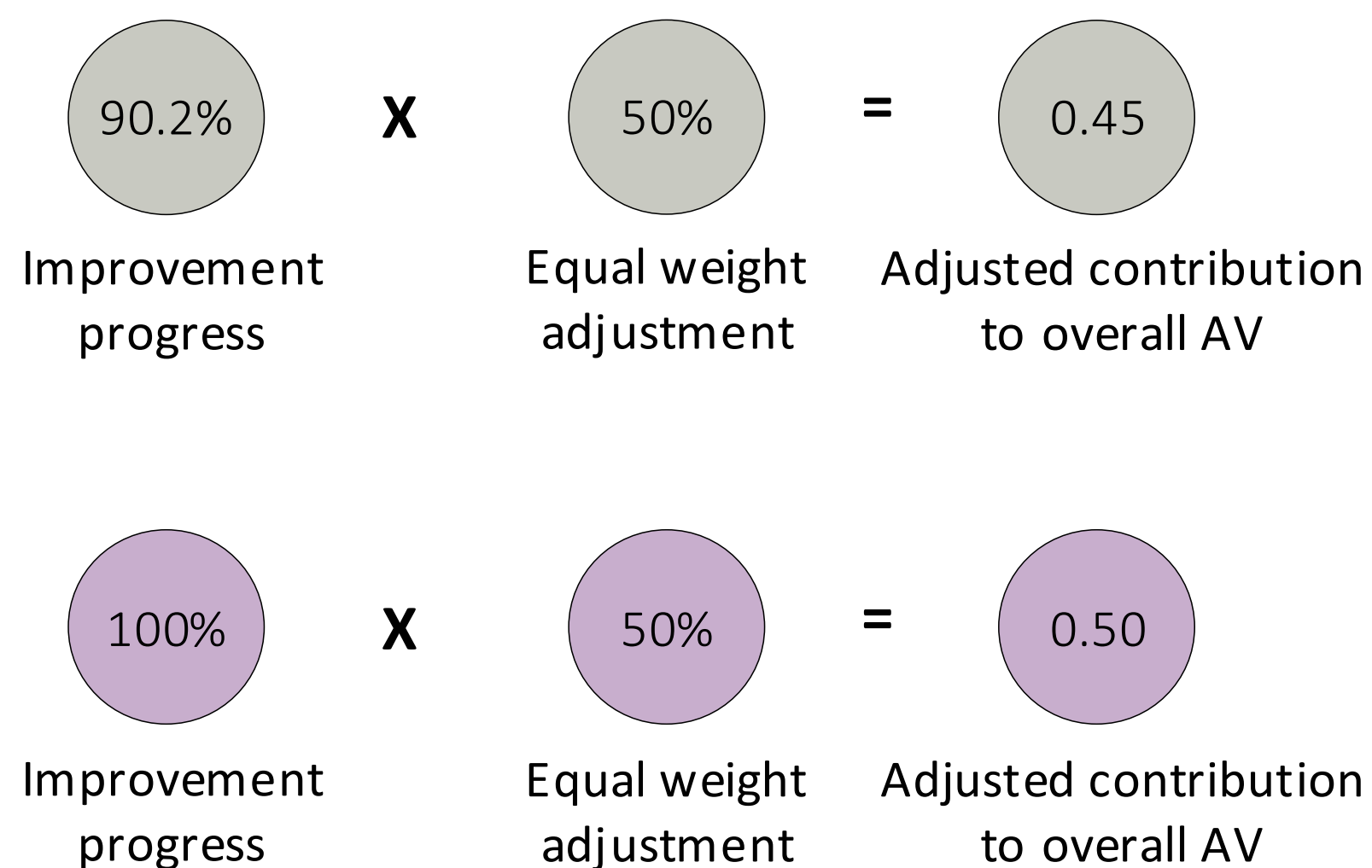
$$\begin{aligned} &= (\text{Performance} - \text{Baseline}) / (\text{Target} - \text{Baseline}) \\ &= (77.30 - 76.00) / (77.68 - 76.00) \\ &= \mathbf{0.7738} \end{aligned}$$



■ AV DETERMINATION – SUB METRIC WITH GREATEST PROGRESS



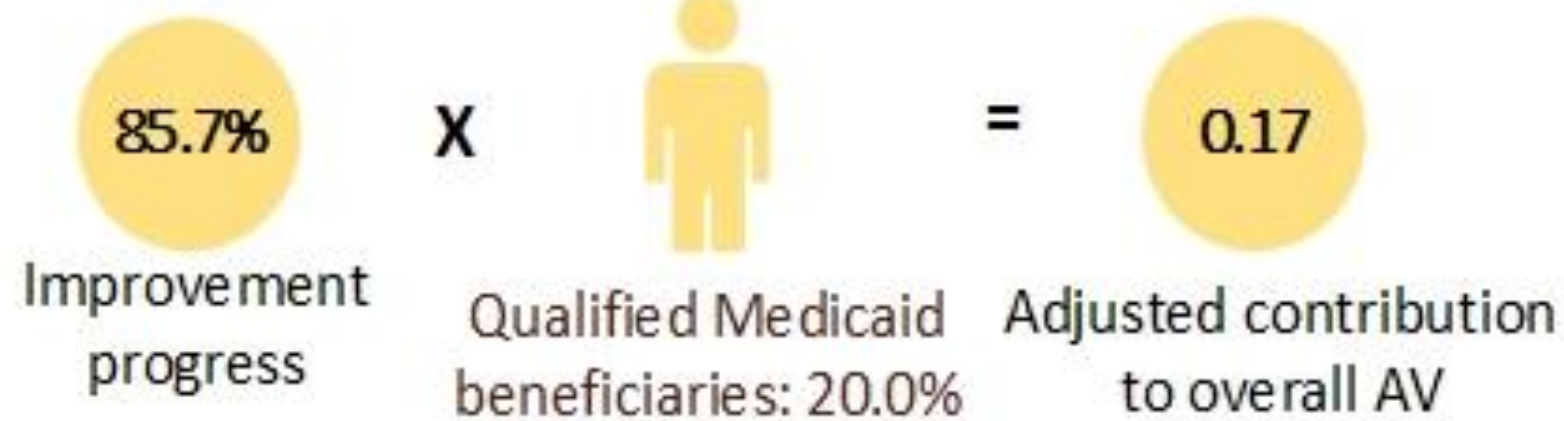
■ AV DETERMINATION – EQUAL WEIGHT OF SUB METRICS



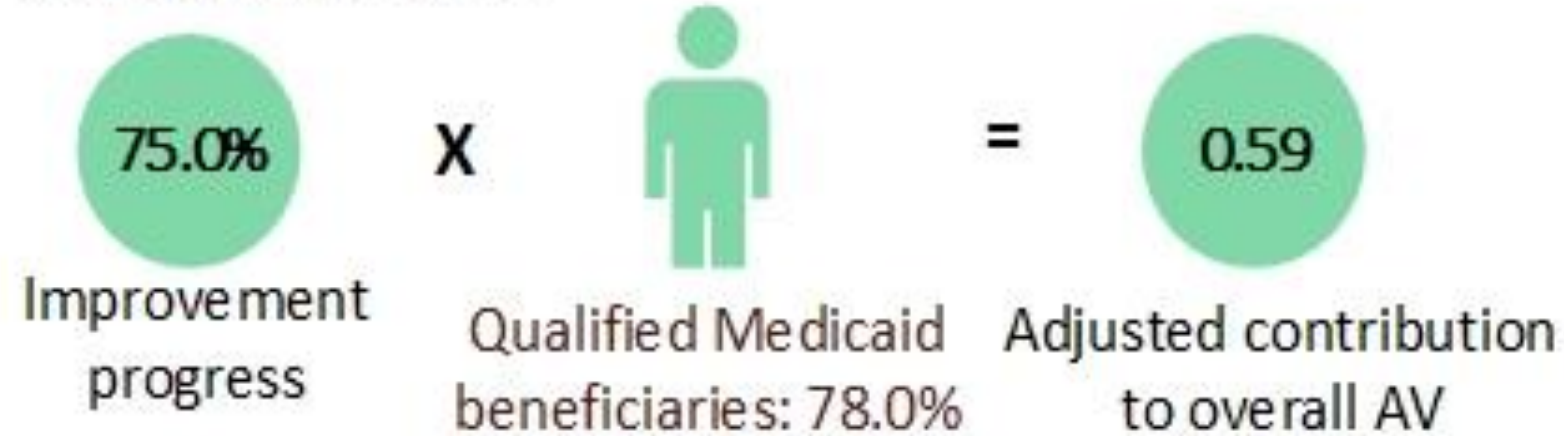


■ AV DETERMINATION – WEIGHTED AVERAGE OF SUB METRICS

Submetric: Ages 12-17



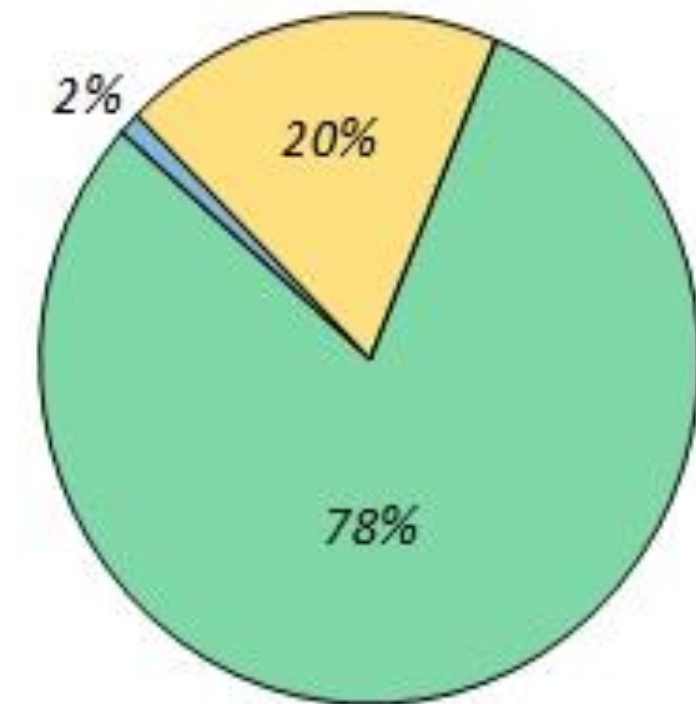
Submetric: Ages 18-65



Submetric: Age 65+

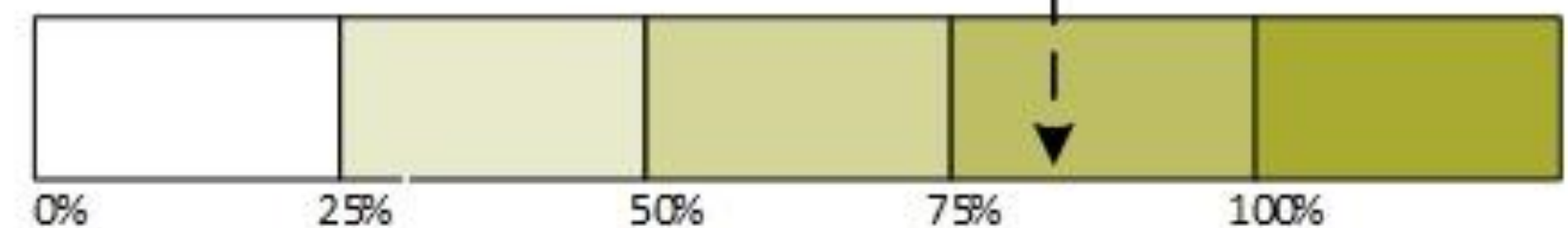


Make-up of qualified Medicaid beneficiaries for the metric.



Total adjusted contribution:

0.78



Achievement Value = 0.75



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CERTIFIED PUBLIC ACCOUNTANTS

■ CALCULATIONS DEMO

■ PAY-FOR-PERFORMANCE REFERENCES

- Delivery System Reform Incentive Payment Measurement Guide
 - Chapter 7: ACH project incentives - pay-for-performance
 - Appendix G: DSRIP quality and outcome metrics
 - Appendix H: ACH project P4P improvement target and AV methodology
 - Appendix I: ACH project P4P metrics - sample AV calculations
 - hca.wa.gov/assets/program/mtp-measurement-guide.pdf/
 - hca.wa.gov/assets/program/dsrip-p4p-example-calculations.xlsx



CONTACT US



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